



05-01-08

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Express Mail No.: EV 654 847 039 US

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Application of: De Jong *et al.*

Serial No.: 10/722,045

Filed: November 25, 2003

For: A VIRUS CAUSING
RESPIRATORY TRACT ILLNESS
IN SUSCEPTIBLE MAMMALS

Confirmation No.: 8309

Group Art Unit: 1648

Examiner: Hill, Myron G.

Attorney Docket No.: 7682-108-999

AMENDMENT UNDER 37 C.F.R. § 1.111

Commissioner for Patents
P.O. BOX 1450
Alexandria, Virginia 22313-1450

Sir:

In response to the outstanding Office Action, mailed December 31, 2007, and in accordance with 37 C.F.R. § 1.111, please enter the following amendments and consider the remarks below intended to put the claims into condition for allowance.

Submitted concurrently herewith is (1) an Amendment Fee Transmittal Sheet; (2) a Petition for Extension of Time for one month accompanied by the required fee; (3) Supplemental Information Disclosure Statement accompanied by a List of References Cited by Applicant and copies of the cited references C190 to C214; and (4) Exhibit A: Receipt of Deposit Under the Budapest Treaty.

Amendments to the Specification begin on page 2 of this paper.

Amendments To The Claims begin on page 3 of this paper.

Remarks begin on page 8 of this paper.

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Serial No.: 10/722,045 Art Unit: 1648
Filed: November 25, 2003 Examiner: Hill, Myron G.
For: A VIRUS CAUSING RESPIRATORY Tract Illness in Susceptible Mammals Attorney Docket No: 7682-108-999

AMENDMENT FEE TRANSMITTAL SHEET

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Sir:

The fee required to be filed with the accompanying amendment of even date herewith concerning the above-identified application has been estimated to be \$630.00.

The claim amendment fee has been estimated as shown below:

(Col. 1)		(Col. 2)		(Col. 3)		<input type="checkbox"/> SMALL ENTITY		<input checked="" type="checkbox"/> OTHER THAN A SMALL ENTITY	
CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NO. PREVIOUSLY PAID		PRESENT EXTRA	RATE	ADDIT. FEE	OR	RATE	ADDIT. FEE
TOTAL	11	MINUS	49	0	x 25	\$		x 50	\$ 0.00
INDEP.	8	MINUS	5	3	x 105	\$		x 210	\$ 630.00
<input type="checkbox"/> FIRST PRESENTATION OF MULTIPLE DEP. CLAIM						\$			\$ 0.00
TOTAL						\$	OR	TOTAL	\$ 630.00

Please charge any required fee to Jones Day Deposit Account No. 50-3013. A copy of this sheet is enclosed.

Date: April 30, 2008

Respectfully submitted,

Laura A. Coruzzi
Laura A Coruzzi

JONES DAY

222 East 41st Street

New York, New York 10017-6702

(212) 326-3939

by *Jaqueline Bern*
Reg No. 43,492
30,742
(Reg. No.)

Enclosure